

U.S. Department of State

VACCINATION For Use with DS-2053 **DOCUMENTATION WORKSHEET**

OMB No. 1405-0113
EXPIRATION DATE: 05/31/2007
ESTIMATED BURDEN: 20 minutes
(See Page 2 - Back of Form)

To Be Completed by Panel Physician Only

Name (Last, First, Mi)					Exam Date (mm-dd-yyyy)	dd-yyyy)	REQUIRED FOR U.S. IMMIGRANT VISA APPLICANTS	IMMIGRANT	VISA APPLICAN	TS
Birth Date (mm-dd-yyyy)	Passp	Passport Number		Alien (Cas	Alien (Case) Number		NOT REQUIRED FOR REFUGEE APPLICANTS	REFUGEE AP	PLICANTS	
		i :					NOTE FOR PANEL PHYSICIANS:	HYSICIANS:		
1. Immunization Record					Completed Series	:	For refugee applicants, please complete only if reliable vaccination documents are available	ts, please com its are availab	plete only if relial le	ble
Vacci	Vaccine History Transferred From a Written Record (list chronologically from left to right)	d From a Written from left to right,	Record	Vaccine Given	(if completed, write "VH" if	Blanke Medica	Blanket Waiver(s) To Be Requested If Vaccination Not Medically Appropriate, Check Suitable Box(es) Below	e Requeste neck Suitabl	d If Vaccination Belove Box(es) Belov	on Not
Date received Vaccine (mm-dd-yyyy)	ved Date received <i>VYY) (mm-dd-yyyy)</i>	Date received (mm-dd-yyyy)	Date received (mm-dd-yyyy)	Panel Physician (mm-dd-yyyy)	write date of lab test if immune)	Not age appropriate	Insufficient time interval	Contra- indicated	Not routinely available	Not fall (flu) season
DT/DTP/DTaP				7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8						
Td										
Polio (OPV/IPV)										
Measles (or MR or MMR)										
Mumps (or MMR)										
Rubella (or MR or MMR)	in the second									
Hib <i>(Haemophilus influenzae type b)</i>										
Hepatitis B										
Varicella										X
Pneumococcal										
Influenza										
2. Results Vaccine history incomplete	omplete									
Applicant may by Applicant may by Applicant may be	Applicant may be eligible for blanket waiver(s) because vaccination(s) not medically appropriate (as indicated shove)	waiver(s) becaus	se se		3. Panel	3. Panel Physician (name)	ne)			
Applicant will re	Applicant will request an individual waiver based on religious or moral convictions.	aiver based on re	eligious or mora	convictions.	Panel	Panel Physician <i>(signature)</i>	nature)			
Applicant does not meet vaccination requirements for one or more vaccines and no waiver is requested.	plete for each vaccin neet vaccination requ	e, all requirement irements for one	or more vaccine	nted above). es and no waiver	is requested.	Date /	Date (mm-dd-yyyy)			